



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 1518913565

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9777040
Outpatient Patient Service Revenue	\$48927223
Total Gross Patient Service Revenue	\$58704263

2. Deductions From Revenue

Contractual Allowance	\$29760484
Other Deductions	\$3998682
Total Deductions	\$33759166

3. Total Operating Revenue

Net Patient Service Revenue	\$24945097
Other Operating Revenue	\$641384
Total Operating Revenue	\$25586481

4. Operating Expenses

Salaries and Wages	\$9844289	Employee Benefits	\$2916449
Depreciation and Amortization	\$366540	Interest Expense	\$167678
Bad Debt	\$3973444	Other Expenses	\$6068257
Total Operating Expenses	\$23336657		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2249824	Total Assets	\$36292472
Net Non-operating Gains over Loss	\$3179106	Total Liabilities	\$7173692
Total Net Gains	\$5428930		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$26677322	\$17155511	\$9521811
Medicaid	\$8352034	\$7009505	\$1342529
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23674907	\$9594150	\$14080757
Total	\$58704263	\$33759166	\$24945097

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$9100	\$11103	\$-2003

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	138
Number of Hospital Patients Educated	862
Number of Citizens Exposed to Health Education Messages	240

Statement Six: Charity Statement

Hospital Charity Charges	\$2955030
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$1493466	\$1656903	
Subtotal	\$1493466	\$1656903	\$-163437
DSH Payments	\$0		
Subtotal	\$1493466	\$1656903	\$-163437
Medicare Shortfalls	\$-85747	\$10011429	
Other Government Programs	\$0	\$0	
Total	\$1407719	\$11668332	\$-10260613

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0